

Exhibit 1

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MULTNOMAH
Small Claims Department

15SC48880

Miroslav Soich
Name (Plaintiff)(s)
4420 SE Nehalem St
Plaintiff Address
Portland / OR / 97206
City / State / Zip
503-516-4215 Multnomah
Telephone County

CASE NO.

SMALL CLAIM AND NOTICE OF
SMALL CLAIM

(Inmate ID #, if applicable, _____)

FILING FEE AT ORS 46.570

Interpreter needed: ☐ Spanish ☐ Russian
☐ other: _____

Aetna

Defendant(s)

☐ Defendant is a public body

Name and address of defendant(s) for service (enter Registered Agent, if necessary, on the next page):

Aetna
Name (Defendant)
277 SW Columbia (Ste 500)
Street (do not use a P.O. Box)
Portland / OR / 97201
City / State / Zip
1-800-523-5065 Multnomah
Telephone County

Name (Defendant)

Street (do not use a P.O. Box)

City / State / Zip

Telephone County

I, Plaintiff, claim that on or about (date) 12/31/2012-12/31/2015 the above-named defendant(s) owed me the sum of \$ 2,282.35 because Defendant failed to reimburse me for my "Flexible Health Care Spending" in the amounts of:
(1) \$ 1,000.00 For 2012
(2) \$ 1,200.00 for 2013
(3) \$ 81.35 For 2014
\$ 2,281.35 Total, and this amount is still due.

Claim	\$ <u>2,282.35</u>
+ Fees	\$ <u>53.00</u>
+ Costs	\$ _____
TOTAL	\$ _____

DECLARATION OF BONA FIDE EFFORT

I, Plaintiff, have made a bona fide effort to collect this claim from the defendants before filing this claim with the court clerk.

I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use in court and I am subject to penalty for perjury.

17/31/2015
Date

Miroslav Saich
Plaintiff Signature

Miroslav Saich
Plaintiff Name (print)

DEFENDANT'S REGISTERED AGENT:

Wendy Altermatt / Aetna
Name

222 SW Columbia (Ste 500)
Street (do not use a P.O. Box)

Portland / OR / 97206
City / State / Zip

1-800-523-5065
Phone

County

NOTICE TO DEFENDANT:
READ THESE PAPERS CAREFULLY!

Within **14 DAYS*** after receiving this notice you **MUST** do **ONE** of the following things in writing:

- Pay the claim plus filing fees and service expenses paid by plaintiff (send payment directly to the plaintiff, not to the court) and submit proof of that payment to the court **OR**
- Demand a hearing and pay the fee required (below) **OR**
- Demand a jury trial and pay the fee required (below). This option is available **only** if amount claimed is more than \$750.

If you fail to do one of the above within 14 DAYS* after you get this notice, the plaintiff may ask the court to enter a judgment against you. The judgment will be for the amount of the claim, plus filing fees and service costs paid by the plaintiff, plus a prevailing party fee. If you are not able to respond in time because you are in active military service of the United States, talk to a legal advisor about the Servicemembers Civil Relief Act.

Multnomah County Courthouse
1021 SW 4th Ave, Rm 210
Portland, OR 97204
(503) 988-3022

East County Courthouse
18480 SE Stark Street
Portland, OR 97233
(503) 988-3199

Defendant's Filing Fees (*must be filled in by the PLAINTIFF*):

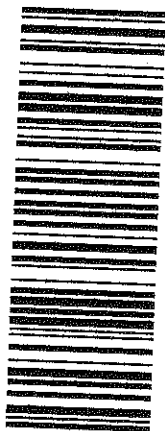
- | | |
|--|------------------|
| (1) To demand a hearing if the amount claimed is \$2,500 or less | \$ <u>53.00</u> |
| (2) To demand a hearing if the amount claimed is more than \$2,500 | \$ <u>95.00</u> |
| (3) To demand a jury trial (only if amount claimed is over \$750) | \$ <u>158.00</u> |

If you have questions about filing procedures, go to www.courts.oregon.gov for information and instructions, or you may contact the court clerk. The clerk *cannot* give you legal advice about the claim.

***NOTE:** If the plaintiff is an inmate (ORS 30.642) AND the defendant is a government agency or other public body (ORS 30.260), the defendant must respond within **30 days** after receiving this Notice.

Miroslav Saich
4420 SE Nehalem St
Portland, OR 97206

REGISTERED MAIL



7034 2870 0000 1768 2333

To: Wendy Altermatt

Legal Department

Aetna

222 SW Columbia (ste 500)
Portland, OR 97201

~~Portland, OR 97201~~



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57201

U.S. POSTAGE
PAID
PORTLAND, OR
97204
DEC 31 '15
AMOUNT
\$7.23
R2303S102364-10